

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN1959AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/23/2009
NAME OF PROVIDER OR SUPPLIER MASON VALLEY RESIDENCE			STREET ADDRESS, CITY, STATE, ZIP CODE 705 S STREET YERINGTON, NV 89447		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
Y 000	<p>Initial Comments</p> <p>Surveyor: 28725</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>This Statement of Deficiencies was generated as a result of a complaint investigation conducted in your facility from 12/21/09 to 12/23/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.</p> <p>The facility is licensed for 57 Residential Facility for Group beds for elderly and disabled persons, Category II residents. The census at the time of the survey was 41. One resident file was reviewed.</p> <p>Complaint #NV00023845 was substantiated. See Tag Y0590.</p>	Y 000			
Y 590 SS=G	<p>449.268(1)(a) Resident Rights</p> <p>NAC 449.268</p> <p>1. The administrator of a residential facility shall ensure that:</p> <p>(a) The residents are not abused, neglected or exploited by a member of the staff of the facility, another resident of the facility or any person who is visiting the facility.</p>	Y 590			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 590	<p>Continued From page 1</p> <p>This Regulation is not met as evidenced by: Surveyor: 28725</p> <p>Based on interviews and record review from 12/21/09 to 12/23/09, administration failed to ensure that 1 of 41 residents was not exploited by members of the staff.</p> <p>Findings include:</p> <p>During an interview, Employee #1 reported that on 11/6/09 she thought she had a urinary tract infection (UTI) and she talked with Employees #2 and #3 about it. Employee #1 stated she did not have any money to see a doctor, so she, Employee #2 and #3 all agreed to substitute Employee #1's urine for a resident's urine and to take the resident's antibiotics to treat the UTI.</p> <p>On 11/6/09, Employees #2 and #3 faxed a message to Resident #1's medical provider informing the provider they thought the resident had a UTI. The provider ordered a urinalysis (UA) on the resident's urine in response to the message. Interviews revealed Employee #1 urinated into a specimen cup, labeled it with the resident's name and sent the specimen to the lab. When the UA came back positive, the provider wrote an order for an antibiotic, Ciproflaxin 500 mg twice a day for seven days.</p> <p>When the antibiotics arrived at the facility, Employees #2 and #3 reported they emptied the antibiotics bottle out and gave the medication to Employee #1 to take. Employees #2 and #3 stated they filled the empty antibiotics bottle with Tylenol 650 mg tablets and made an entry in the medication administration record (MAR) for Resident #1's antibiotic. The MAR revealed the</p>	Y 590			

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Y 590	<p>Continued From page 2</p> <p>resident received the medication as prescribed, but the employees involved (Employees #1, #2 and #3) reported they did not give the resident the Tylenol during their shifts because they threw it away. Two other employees not involved, did administer two doses of Tylenol thinking it was the prescribed antibiotic.</p> <p>Resident #1 was interviewed regarding the medication situation and reported she felt fine. The resident's son also reported that he had seen no adverse reactions to his mother receiving the unprescribed Tylenol.</p> <p>During interviews it was revealed the administrator was not involved in the exploitation of Resident #1, but the assistant administrator, Employee #4, was aware of the situation. Employee #4 stated in an interview that she saw Employee #1 come out of a bathroom carrying a cup of her own urine, knew "what they were up to," but did nothing to stop them. She failed to protect the resident from being exploited.</p> <p>Severity: 3 Scope: 1</p>	Y 590			

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